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ORIGINAL LECTURES.

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CLINICAL LECTURE

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ON CERTAIN PAINFUL AFFECTIONS OF

THE FEET.

SURGEON-GENERAL'S OFFICE.

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THERE is another form of pedal pain, which is fortunately most rare, and which, so far as I am aware, has been nowhere competently described. It is, however, a malady of considerable interest; to the patient because it is a grave disqualification for all active pursuits, and to the doctor on account of the obscurity of its origin and of the obstinacy with which it resists all forms of treatment. One case of this very unusual disorder has presented itself among the hundreds of instances of neural disease which have claimed our aid in the last two years. This alone would justify me in speaking of it as uncommon, and I may add that I have seen in all five cases, and that a friend has lately given me the notes of a sixth. It so chanced that the first example has been thus far unmatched in severity among those that I have since seen treated. In place, therefore, of taking our hospital case as my text, I shall briefly describe the graver instance, which, perhaps from the fact of its intensity, so impressed the matter on my mind as to cause me to study curiously every case which has since fallen in my way.

The patient, a sailor, aged about forty, while in the U.S. naval service on the coast of Africa, suffered from sunstroke. This was followed after a few months by a grave attack of coast-fever, and from this seemed to date an enfeebled condition of the heart, with an apex-murmur heard in the systole. He reached the Norfolk Hospital eight months after his fever, and was there during the whole winter. Some time early in the next year he began to have dull, heavy pains, at first in the left, and soon after in the right foot; the pain was a dull ache, and seemed to be in the interior of the foot, between the sole and the instep. At first, and indeed for three months, the pain was unaccompanied by swelling, but in April this new symptom was observed, after much exercise, and then only.

The disease progressed rapidly, and when I saw the man, in June, his condition was no less strange than pitiable. He was a well-made, vigorous person, of rather ruddy complexion. His appetite and digestion were good, his bowels regular, and his urine, save some slight though constant deposit of urates, in all respects normal. He told me that he had pain in the feet whenever he attempted to walk, but that while at rest in bed he was perfectly comfortable. The case, as he spoke of it, was to me so novel that I somewhat mistrusted his statement, and therefore directed him to walk up and down the ward and about the grounds until I sent for

him, which I did when at the close of an hour my visit was over. He made his appearance in the ward, walking with the step of a man whose feet are tender. On examining his extremities I found them both swollen. They scarcely pitted on pressure, but were purple with congestion; the veins were everywhere singularly enlarged, and the arteries were throbbing visibly. The whole foot was said to be aching and burning, but above the ankles there was neither swelling, pain, nor flushing. On other occasions I examined him in bed, and then caused him to stand for a time. Almost at once, without previous pallor, the feet began to fill with blood, and after a quarter of an hour or less, if he walked, the pain appeared, and with it the swelling so increased as after a time to force him to lie down. He was very sure that he had suffered pain long before either swelling or redness was observed, and I am disposed to think this statement correct. As the autumn came on and the weather grew cold, I was able to verify another of his statements, to the effect that cold relieved him and that heat increased his sufferings. In fact, he preferred to wear slippers without stockings, and while on cool days he could walk for an hour before his pain became great, in warm weather a few minutes of exertion were enough to bring about this result. A hot foot-bath had a like effect, and cold bathing was almost the sole means of speedy relief. A long series of therapeutic experiments failed to afford him any permanent ease. The local use of cold, and of alternate heat and cold, bandages, sedative washes, lead-water and laudanum, leeching and blisters, digitalis, arsenic, and tonics, all alike failed to help him, so that at last, having gained something from the cold of early winter, he left us, and I have never heard of the issue of his most singular history.

Some years passed by before I met with a second case, and of it I have only a general knowledge and no special notes. The patient, a healthy young man, but subject at times to long and severe attacks of palpitation of the heart, while working in an iron foundry, and therefore constantly on foot, began to have, towards the evening of each day, pain and ache, as he called it, in the feet. By-and-by it came earlier in the day, and at last attacked him whenever he was an hour or two on his feet. Occasionally, after great exertion, the feet flushed a little, but did not swell. In this, as in the sailor's case, summer was the time of the greatest torment, and a cool day gave more or less relief. After a time the pain became so severe that he was forced to seek a sedentary occupation, after which the pain, on the whole, became less, although ready to appear anew whenever he took too much exercise on foot. I should add that, although some years have now gone by, this tendency still continues, while in no other way does the patient show any manner of disease.

My next case came to me from Dr. James King, of Pittsburg. The patient, aged twenty-one, married, at the time I saw him, a large printing-office. He was healthy up to 1864, when, after an extended

army-service, he had ague, which clung to him a long while. Returning home, much weakened in health, he began for the first time in his life to have, after long walks or after standing for a time, vague pains in both feet. Disregarding these, he continued to be much on his feet, and engaged in a business which taxed severely all his powers; and soon his annoyance increased so much as to cause him to seek for aid.

When I saw him in 1868, he was suffering most gravely. Usually he arose in the morning free from pain, but it came on in one or two hours, and increased in severity so long as he remained active and on foot. It thus happened that by nightfall both feet were aching and so painful as to make further exertion impossible. The seat of pain was not distinctly fixed, being rather, as he said, throughout the feet. There was never at any time swelling, but once or twice a month some great excess of movement would cause the feet to be darkly flushed and congested. At times also, as in the evening or whenever unusual or sudden exercise had been taken, the pain was of a burning character, and the feet throbbled. At such times they became tender, and were so sore that pressure or the effort to pull on a boot caused extreme pain.

The patient was free from heart-disease or other troubles, functional or organic, and, like the previous case, had not had gout or rheumatism.

As in the other cases, the summer brought more intense pain, and it was in hot weather easily induced by the slightest exertion; while winter brought not only a general relief, but also enabled him to walk much longer without producing pain. Having learned these facts very early, he saved himself suffering as much as possible by wearing the lightest of foot-coverings. Later in his case the pain was chiefly on the sides of the feet, and at all times he could obtain perfect relief or insure freedom from annoyance by rest in the recumbent position. In October, 1868, Dr. C. B. King, of Pittsburg, writes to me that he has carefully watched the patient while applying electricity, and that he has never seen the feet either red or swollen. He adds that the right foot is the worst of the two, and that the severest pain is in the centre of the sole. He could find no tender points when the patient had been for a while without exercise, as in the mornings; and when the feet were the worst the tenderness varied in position, and was usually general and not acute or in limited localities; neither was it seated in the muscular tissues of the feet, an observation which I myself confirmed on several occasions.

In June, 1871, I saw the next instance of this obstinate disorder. Mr. C., æt. thirty-seven; married. A healthy, well-built man, free from any constitutional taint, and never having had gout or rheumatism. When nineteen years of age, Mr. C. lived on a farm and worked as a field-hand to learn the business. After a few months, and in mid-summer, he began to feel in the feet a sense of weariness,—a fatigued, sore feeling, as if he had walked too long. As this grew worse it came to last over night, and was then eased by walking in the morning. At last the soles became so sore that he

would sometimes crawl down-stairs in the morning on his knees, and after cooling his feet with pump water would pull on his boots. There was neither redness nor swelling, and the soles were the chief seat of pain, which was a dull, heavy ache, always much under the control of temperature, heat increasing and cold relieving it. The autumn and winter brought entire ease.

He quitted the business of farming, and became a clerk. During nine years he walked a good deal, and felt each summer some slight return of annoyance, but the winter brought absolute relief. When twenty-nine years old, a change of business brought with it heavier responsibilities and a great increase of exercise on foot.

The first warm weather in May caused a return of the foot-trouble, from which, up to this time, nine years, he has not been altogether without discomfort at any time.

The pain and suffering in his first attack were unlike those of the other cases whose histories I have related to you, but when they returned they differed little from these. The heat of summer and too much foot-covering increased the pain and the readiness with which exercise caused it, while cold had exactly a reverse influence.

After walking for a time, he felt as if there was a cushion under the toes and the ball of the foot. Then the foot burned and pricked, and these latter feelings, which were so sharp at times as to amount to stinging, became worse for a little while when resting after a walk. His mode of relief was to bare his feet and place them on a higher level than the remainder of his body. At no time was there redness or swelling, and only once or twice could I find spots of tenderness on the sides of the feet, which, I should add, were well formed.

Dr. Keen has kindly given me notes of a case which in no essential respect differs from those already described. The patient, however, was a seamstress, and hers is the only example I know of which has been noted in a woman. In addition to these cases I have met with two others of like nature but less persistent.

Before discussing this very interesting affection, it is well to say that we meet with in practice soreness of the soles due to gout, and more rarely to rheumatism, but this trouble is clinically very unlike that which we are now considering. Of it I find nowhere any full description,—in fact, in but one place any description at all. More may have been written, but it has not fallen under my notice. Prof. Gross has, at p. 977, vol. ii. of his "Surgery," half a page devoted to "Pododynia." This, he says, is so common among tailors that it ought to be called after them. Unaccustomed to walk, the erect posture brings on *pain and tenderness* which are deep-seated and are always made worse by pressure and by walking and standing. There is little swelling, and seldom discoloration. Dr. Gross thinks this is probably a form of inflammation situated in the periosteum and plantar aponeurosis, attended with determination of blood and effusion.

Few physicians, we suspect, would, on such evi-